

# Transfer of Skills

Child: \_\_\_\_\_

CBIS #: \_\_\_\_\_

<p>Strategies &amp; Activities to be Completed During Additional Time</p>	
<p>Explanation of Why Outcome Cannot be Met Under the Limits of One Hour per Week per Discipline</p>	
<p>Description of How the Skills Will be Transferred to the Parents/ Caregivers</p>	
<p>Description of How the Skills Will be Transferred to the Other IFSP Team Members</p>	

\_\_\_\_\_  
Service Coordinator

\_\_\_\_\_  
*Signature of Service Coordinator*

\_\_\_\_\_  
*Date*